

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155298		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 04/17/2013	
NAME OF PROVIDER OR SUPPLIER PYRAMID POINT POST-ACUTE REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 8530 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260			
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K010000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/17/13</p> <p>Facility Number: 000195 Provider Number: 155298 AIM Number: 100267690</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Pyramid Point Post-Acute Rehabilitation Center was found not in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This three story building was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in spaces open to the corridors and battery powered smoke detectors in all resident rooms. The</p>		K010000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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	<p>facility has a capacity of 135 and had a census of 81 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered except for the two detached buildings.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/23/19.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K010056 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems was installed in accordance with the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, 1999 edition, Section 6-2.3.4 states the cumulative horizontal length of an unsupported armover to a sprinkler, sprinkler drop, or sprig-up shall not exceed 24 inches for steel pipe or 12 inches for copper tube. These deficient practices could affect any resident as well as staff or visitors.</p> <p>Findings include:</p> <p>Based on observation on 04/17/13 at 2:36 p.m. with the Maintenance Supervisor there was an unsupported steel armover sprinkler pipe which was over three feet</p>		K010056	<p>K056</p> <p>It is the practice of Pyramid Point to have a sprinkler system that is installed to provide complete coverage for all portions of the building.</p> <p>What corrective actions will be taken for those residents who have been found to have been affected by the deficient practice?</p> <p>The sprinkler pipe in the North mechanical room was supported by a bracket on 4/26/13.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <p>An inspection of the rest of the building did not identify any other steel sprinkler pipes that are over 24" and that are not supported.</p> <p>What measures will be put into place or what systemic</p>		04/29/2013	

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	<p>in length located on the first floor in the North Mechanical room on Service hall. Based on interview on 04/17/13 at 2:33 p.m. with the Maintenance Supervisor, it was acknowledged the aforementioned armover steel sprinkler pipe exceeded twenty four inches in length and was unsupported.</p> <p>3.1-19(b)</p>			<p>changes will be made to ensure that the deficient practice does not reoccur? The maintenance department have been educated on the need to support steel sprinkler pipes that are over 24". How the corrective action will be monitored to ensure the deficient practice does not reoccur? ED or designee will monitor the steel sprinkler pipes that are over 24" for appropriate support. This will be completed weekly times four weeks and then monthly times 2 months. At this time if results are below a 95% threshold the audits will become weekly until a 95% threshold is achieved. The results will be reviewed by QAA committee monthly. Date to be completed 4/29/2013</p>			

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K010076 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 electrical switches in the oxygen storage room, where oxygen transfer occurs, was located at least five feet above the floor. NFPA 99, 1999 Edition Standard for Health Care Facilities, Section 8-3.1.11.2(f) requires electrical fixtures in oxygen storage locations shall meet 4-3.1.1.2(a)11d which requires ordinary electrical wall fixtures in supply rooms shall be installed in fixed locations not less than five feet above the floor to avoid physical damage. This deficient practice could affect 15 residents, as well as staff or visitor in the vicinity of the oxygen storage room.</p> <p>Findings include:</p> <p>Based on observation on 04/17/13 at 2:59 p.m. with the Maintenance Supervisor, there was one electrical light switch four</p>		K010076	<p>K076 It is the practice of Pyramid Point to store medical gas in accordance with NFPA 99. What corrective actions will be taken for those residents who have been found to have been affected by the deficient practice? The electrical fixture was moved to more than five feet above the floor on 4/25/13. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? The other oxygen storage room was checked and that electrical fixture is appropriately placed. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not reoccur? The maintenance department was educated on the appropriate</p>		04/29/2013	

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	feet from the floor next to the entrance door inside the oxygen storage room on second floor, North 200 hall. Based on interview on 04/17/13 at 3:00 p.m. with the Maintenance Supervisor, it was acknowledged the electrical switch on the wall was less than five feet above the floor. 3.1-19(b)			placement of electrical fixtures in oxygen storage areas. How the corrective action will be monitored to ensure the deficient practice does not reoccur? ED or designee will monitor the electrical fixtures in oxygen storage area for appropriate placement. This will be completed weekly times four weeks and then monthly times 2 months. At this time if results are below a 95% threshold the audits will become weekly until a 95% threshold is achieved. The results will be reviewed by QAA committee monthly. Date to be completed 4/29/2013			